TWO CASES

ILLUSTRATIVE OF THE ADVANTAGES OF TURNING,

AS AN ALTERNATIVE OR SUBSTITUTE FOR

CRANIOTOMY AND THE LONG FORCEPS,

IN CERTAIN CASES OF

PELVIC CONTRACTION,

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The Two following Cases were originally published in the Edinburgh Medical Journal, for October, 1856, and were copied into Braithwaite's Retrospect of Medicine, for January, 1857.

Case I.—*July* 17, 1855.—Called to see Mrs. ——, æt. 42, resident in Calton, who, as I learned from the student in attendance, had been in labour for the greater portion of two consecutive days. The uterine action had been powerful and regular during the greater part of that period, but had gradually become weaker and more intermittent. The membranes had been ruptured, and the liquor amnii evacuated about twenty-four hours before my seeing her. On my arrival, I found the woman weak and exhausted, with a small and rapid pulse. Examination *per vaginam*, detected a considerable jutting forwards of the sacro-vertebral angle, and which had the effect of materially diminishing the antero-posterior diameter of the pelvic brim. The greater bulk of the infant's head was still at the inlet of the pelvis, whilst a large scalpy tumour projected into the cavity, firmly embraced in front and behind by the pelvis. The os uteri seemed dilated to its full extent. This state of matters had continued for twelve hours—the only difference being that the tumour was slowly enlarging, whilst the patient's strength was becoming hourly more depressed, and the action of the fœtal heart fainter and weaker. Under these circumstances, it was evident that something must be done to relieve the patient, and that without delay. Three methods of operative procedure presented themselves for adoption, viz., long forceps, craniotomy, and turning, and delivering by the feet. As considerable difficulty and danger was anticipated from the use of the long forceps, from the high position and altered form of the head, as well as from the contracted brim, the idea of having recourse to them was abandoned. The fact of the infant being still alive, as indicated and ascertained by the increasing swelling of the scalp, as well as by auscultation, was, in my estimation, an adequate reason for discarding the idea of craniotomy. Thinking that the case was in all respects one well adapted for testing the merits of the operation of turning in such cases, it was agreed to give the woman the chance of delivery by that method. After having administered a stimulant to the patient, I passed the left hand up through the vagina to within a short distance of the fundus uteri, where

History.

Operation.

the feet were found, one of which was seized and brought down into the vagina. The breech, body, and arms were extracted with comparative facility, but considerable difficulty was encountered, and much exertion required, in the transit of the head. The child, when born, was in a semi-asphyxiated state, but the usual restorative means persevered in for a short while sufficed to bring it completely round. The uterine action being suspended, the placenta was extracted after a due interval. The patient bore the operation well, much better than under the circumstances could be reasonably expected, and when last visited, was progressing favourably. It should be mentioned, that six years before, she gave birth to a premature child. Having been subject, for a considerable period during the interval, to dull pains and uneasiness in the lumbo-sacral region, she expressed her belief that some contraction or malformation of the pelvis had thereby been induced.

Case II.—This case I saw along with Drs. Gooldie and Yeaman, under whose kind and able care the patient was. The history of the case is briefly as follows :—

History. Mrs R——, æt. about 30, dwelling at Anderston, was seized with labour pains on the afternoon of Wednesday, October 24, 1855. The pains being strong, and recurring at regular intervals, Dr. Gooldie remained with her all night. At 6 A.M. of the following day (Thursday), the liquor amnii was discharged, a loop of the cord, pulsating strongly, became prolapsed, but was, without much difficulty replaced. The pains continued of a violent and bearing down description during the day, without, however materially advancing the head. Dr. G. being of opinion that there existed some degree of narrowness or contraction of the pelvis in its conjugate diameter, and thinking that operative interference would be required to effect delivery, requested me to see her about midnight. I found the os uteri fully dilated. The greater part of the child's head appeared to be still at the superior strait of the pelvis, with a large scalpy tumour protruding into the cavity. Although the narrowness of the pelvic brim was not so decided, or so well marked as in the previous case, still there can be no doubt but that contraction existed to some extent. In consequence of the swelling of the head obliterating all trace of the sutures, it became impossible to tell, with any degree of certainty, the exact position in which it presented. The stethoscope showed that the child was still in life. The patient having been by this time upwards

of thirty hours in labour, was getting exhausted, and becoming fretful and impatient, and extremely anxious that something should be done for her without any further delay. The pulse was 120, skin feverish, vagina hot and dry.

For reasons similar to those mentioned in the foregoing case, it was agreed to have recourse to podalic version, and I was requested to undertake the operation. After the patient was put thoroughly under the influence of chloroform, the left hand was introduced into the uterus, the right knee was seized, and the foot brought into the vagina. After the extraction of the body, the head remained fixed high up, with the chin resting upon the promontory of the sacrum, and the occiput overlying the pubes. After considerable exertion, and the use of much extractile force, the head was brought into the cavity of the pelvis, through its right oblique or diagonal diameter, a couple of fingers introduced into the mouth, aided by traction in the direction of the axis of the pelvic outlet, sufficed to complete the delivery. The forceps were in readiness, in the event of manual extraction of the head not being sufficient, but were not required. The child, a full grown male, when born was in a state of asphyxia, but by the persevering use of the ordinary resuscitative means, it was at length restored. The mother made an excellent recovery. The child survived its birth seventy-four hours, and its death was ascribed by Dr. Gooldie to inflammation and suppuration of the integuments of the scalp, undoubtedly induced by the protracted pressure before delivery. This affection of the scalp was best marked and most distinct over the posterior and superior quarter of right parietal bone. Soon after the operation, Mrs. R. again became pregnant. Fearing lest a repetition of the operation would not be attended with such a favourable result to the patient, the membranes were punctured, with a view to induce premature delivery, on the forenoon of Friday, the 5th September, 1856—she having then arrived at about the eighth month of utero-gestation. It was regretted at the time that the operation had not been performed at an earlier period, but circumstances did not admit of it. Labour pains supervened in a couple of hours after the rupture of the membranes, which increased in intensity till $10\frac{1}{2}$ P.M., when the child was born. It is worthy of remark, that the infant was a *female*, *smaller than ordinary at the eighth month*, and that it presented with the *breech*. Mother made a good recovery.

Operation.

Subsequent History.

alive or dead?

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